



TOWN OF NORWOOD BOARD OF HEALTH

Commonwealth of Massachusetts



Public Health
Prevent. Promote. Protect.

APPLICATION FOR A TEMPORARY FOOD SERVICE PERMIT

Organization: _____

Applicant: _____

Address: _____

Phone Number: _____

Location of Event: _____

Date of Event: _____

List of ALL Food/Drinks to be Served: _____

Provision for maintaining product at 140 °F or below 45 °F.

(Ice is permitted only when the event is less than 6 hours):

Provision for toilet facilities, hand wash, running water: _____

Signature: _____

Please return with a self-addressed stamped envelope and a \$30.00 cash or check made payable to the Town of Norwood – return to the Norwood Board of Health P.O. Box 40 – Norwood, MA 02062. There is \$N/C for Non-Profit Organizations Your temporary will be mailed to you prior to the function or may be picked up at the Board of Health Office at the Town Hall.

Contact Person: _____

Contact Person Address: _____

Contact Person Telephone No. _____